	PE								(		
SEP	21 200	14:43 FR T	ном					81	571273288	5	P.01
,cen	S 2000	)	.·		- FEE(S) TRAN						
SEP SCom	2 1 2009	this form, togeth	( 1 <b>er</b>	th applicable f	ee(s), to: <u>Mail</u>	Mail	Stop ISS	ÉE Potont	r		
TA TA	L PAGES	AXED: 2				PΛ	Ray 1450				
137	PADEMARI	24408			or Fax	(571	andria, Virgini )-273-2885			—	
INSTRU	CTIONS: This	form should be used for correspondence including the below or directed others	n dan	mitting the ISSUI	E FRE and PUBLIC	ATIC	N FEE (if require	d). Bloc	ks I through 5 sho	uld be	completed where
appropri	ite. All further of	orrespondence including below or directed other	g the f erwise	in Block I, by (a)	specifying a new c	orresp	ondence address; a	nd/or (b	) indicating a separ	ite "FE	E ADDRESS" for
កាសសម្រាប	NT CORRESPONDE	NCE ADDRESS (Note: Use Blo	ick I for i		<u> </u>	Note: Fee(s	A certificate of many of the certificate of many of the certificate of	ailing co certifica paper, st fmailin	an only be used for te cannot be used fo tch as an assignmen g or transmission.	domest any ol or for	tic mailings of the
The P.O	omson Licen D. Box 5312 O Independen	-	2009	-ROBERT D.	SHEDD	I here States address trans	Certife  by certify that this  s Postal Service with  ssed to the Mail S  mitted to the USPTO	ficate of Fcc(s) th suffic Stop ISS D (571)	Malling or Transmitted is being tent postage for first SUE FEE address to 273-2885, on the date of the	ission deposite class m bove, ( te indic	ed with the United nail in an envelope or being facsimile ated below.
PR	NCETON, N	J 08543-5312				Pe	tricia M. I	Fedor	OWVCZ A	,	(Depositor's name)
					(		Atrius A.	Sel	view		(Signasure)
					`	Se	ptember 21	, 200	<sub>09</sub> //O		(Date)
	LICATION NO.	FILING DATE			FIRST NAMED INVEN	mor	- 1	ATTORN	IEY DOCKET NO.	CONF	TRMATION NO.
	10/541,634	04/11/2006		l	Khaled Sarayeddi				PF030023		3506
TITLE	OF INVENTION	N: IMAGE PROJECTI	on sy	STEM COMPRIS	SING A SINGLE I		ER WHICH IS EQ	UIPPE	D WITH PHOTSE	vr'nzı	E
SENSO	RS FOR THE ID	ENTIFICATION OF IL	LUMN	NATION COLOUI	₹S						_
AP	PLN, TYPE	SMALL ENTITY	15	SUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	PEE	TOTAL FEE(S) DUE		DATE DUE
\ <u> </u>	nprovisional	NO	l	\$1510	\$300		\$0 89/22/2	2009 C	\$1810 NGUYEN3 6000004	3 0701	09/21/2009 832 10541634
$\wedge$	EXAM	INER	Ι	ART UNIT	CLASS-SUBCLAS	\$	01 FC::	1591	1510.00 DA	- 0.0.	702 10011001
$\overline{}$	RAINEY, F	ROBERT R		2629	345-207000		₩2 FC:1 Ø3_FC:		300.00 DA		
1. Chan	ge of correspond	ence address or indication	n of "F	ee Address" (37	2. For printing on	the p	atent front page, list	1	IC. US DE		SHEDD
CFR 1	hange of corresp	DRESS CHANGE	ABO	VE) Correspondence	or agents OR, alternatively, HARVEY D. FRIED						
∧ddı	ress form PTO/\$1	B/122) attached.			nered appared	W AF G	e firm (having as a second and the name	כעוס א	ID .		
PTO	/SB/47; Rev 03-4 hber is required.	lication (or "Fee Address 32 or more recent) attack	hed. Us	e of a Customer	2 registered pater listed, no name w	γι atto	meys or agenus. II n	io neme	is 3 RICHARI	) цат	PERUTA
2 4551	CNEE NAME A	NO RESIDENCE DAT	A TO	BE PRINTED ON	THE PATENT (print	or ty	pe)				
PLE	ASE NOTE: Un	less an assignee is iden th in 37 CFR 3.11. Com	dfied b	elow, no assignee	data will appear on	the p	atent. If an assigne	e is ide	ntified below, the d	ocumen	t has been filed for
			btenon	or this torm is NO	(B) RESIDENCE:	(CITY	and STATE OR C	OUNTR	(Y)		
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Thomson Licensing Boulogne-Billancourt, FRANCE											
		riate assignee category o			<del>-</del>					ouro enti	ity Government
Picase	check the approp	riate assignee category o	r categ								
-	following fcc(s)	are submitted:		4	b. Payment of Fcc(s)  A check is encl		ase first reapply an	y previ	onsia baid 1820s icc	snown	20048)
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						Pa a sa		
		# of Copies 4			The Director is overpayment, to	hereb Depo	y authorized to char osit Account Numbe	ge the re 2 0 7 – 0	equired fee(s), any di 0832 (enclose s	n extra	copy of this form).
5, Cha	nge in Entity Sta	atus (from status indicat ns SMALL ENTITY sta	ed abov	/e) 37 CFR 1.27.	☐ b. Applicant is	no lár	nger claiming SMAL	LL ENT	ITY status. See 37 C	FR 1.27	7(g)(2).
NOTE	The Ionia Fee a	nd Publication Pec (if re- records of the ) mited S	(herium	will not be accents	ed from anyone other	than	the applicant; a regi	stered at	ttorney or agent, or t	ne assig	mee or other party in
	horized Signature			Z			Date Sep	tembe	er 21, 2009		
	ed or printed nam		202	(609) 7	34-6866_		Registration N	lo	51,146		
Thin an	lection of infe-			311. The informati	on is required to obta	in or					
an app submit this for Box 14	lication of thiorical lication. Confident ting the complete m and/or sugges 150, Alexandria, Idria, Virginia 22	nation is required by 37 nation is governed by 3 ed application form to the tions for reducing this b Virginia 22313-1450. D	5 U.S.O se USP unden, O NO	C. 122 and 37 CFR TO. Time will var should be sent to the T SEND FEES OR	1.14. This collection of depending upon the Chief Information COMPLETED FOR	n is es e indi Offic MS T	stimated to take 12 r vidual case. Any co er, U.S. Patent and O THIS ADDRESS	minutes omments Tradem 3, SEND	to complete, includi on the amount of t ark Office, U.S. Dep TO: Commissioner	ne you me you artment for Pat	ering, preparing, and require to complete to Commerce, P.O. ents, P.O. Box 1450,
Under	the Paperwork R	eduction Act of 1995, no	perso	ns are required to re	espond to a collection	ofin	formation unless it t	displays	a valid OMB contro	numbe	er.

IPE 4										
SEP 21 <b>33</b> 09 1	14:43 FR THOM		51ng 609 734 <b>- Fee(s) Transm</b> i	6888 TO 81   <b>TTAL</b>	5712732885	P.02				
Complete and send TOTAL CES FA	this form, together XED: 2	.th applicable i	P.O.	Stop ISSUL FEE missioner for Pater Box 1450 andria, Virginia 22						
	24498		or <u>Fax</u> (571)	)-27 <b>3-</b> 2885						
	m should be used for trainerspondence including the selow or directed otherwise	parmitting the ISSUI Patent, advance ord in Block I, by (a)	specifying a new correspo	ondence address; and/or	(b) indicating a separ	SE LEE VONKEZZ. I				
	É ADDRESS (Note: Use Block i for	any change of address)		A certificate of mailing Transmittal. This certifies. Each additional paper, is own certificate of mail						
Thomson Licensi P.O. Box 5312 Two Independence	_	-ROBERT D.	SHEDD I bere States addre uppar	Certificate by certify that this Fee(s) Postal Service with suff ssed to the Mail Stop I nitted to the USPTO (571	of Malling or Transm Transmittal is being icient postage for first SSUE FEE address 273-2885, on the da	nission deposited with the Unit class mail in an envelo above, or being facsim to indicated below.				
PRINCETON, NJ	08543-5312			ericia M. Fedo		(Depositor's nan				
				Tring I De	will	(Signatu				
			Se	ptember 21, 20	09. //0	(De				
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	NEY DOCKET NO.	CONFIRMATION NO				
10/541,634	04/11/2006		Khaled Sarayeddine		PF030023	3506				
APPLN, TYPB		SSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL PEE(S) DUE	09/21/2009				
nonprovisional	NO .	\$1510	CLASS-SUBCLASS	ф0	27070					
BXAMIN		ART UNIT	345-207000							
RAINEY, RO	condition of "		2. For printing on the pa	tent front page, list	<del></del>	<del></del>				
CFR 1.363) (SEE ADD Change of correspon Address form PTO/SB/1	RESS CHANGE ABC dence address (or Change of 22) attached.	OVE) if Correspondence	(1) the names of up to or agents OR, alternative	3 registered patent attornely, firm (having as a memb	er s 2 HARVEY	D. FRIED				
"Fee Address" indice PTO/SB/47; Rev 03-02 Number is required.	ation (or "Fee Address" Indi or more recent) attached. U	cation form se of a Customer	2 registered attorney or at 2 registered patent attorn listed, no name will be p	neys or agents. If no namerinused.	p to le is 3 RICHARI	) LaPERUTA				
ASSIGNEE NAME AN	D RESIDENCE DATA TO	BE PRINTED ON	THE PATENT (print or typ	e) tent If an acciones is it	sentified helow, the d	ocument has been files				
	s an assigned is identified in 37 CFR 3.11. Completion	n of this form is NO	T a substitute for filing an a	issignment.		•••••				
(A) NAME OF ASSIGN			(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Thomson	Licensing		_	illancourt, FI						
			cincad on the natural):	Individual A Corporat	ion or other private gro	oup entity U Govern				
Please check the appropriat	te assignee category or cate									
4a. The following fcc(s) an			b. Payment of Fcc(s): (Plea	se first reapply any pre	iously paid issue fee	shown abové)				
4a. The following fcc(s) an	e submitted:	41	b. Payment of Fcc(s): (Plea.  A check is enclosed.  Payment by credit can	J. Form PTO-2038 is atta	sched.					
4a. The following fcc(s) an	e submitted: small entity discount permi	41	b. Payment of Fee(s): (Plea:	J. Form PTO-2038 is atta	sched.					
4a. The following fcc(s) an  Issue Fcc  Publication Fcc (No  Advance Order - # of  Change in Entity Staru  a Applicant claims	e submitted:  small entity discount permi of Copies	tted)	b. Payment of Fee(s): (Plea. A check is enclosed. Payment by credit care The Director is hereby overpayment, to Depos	d. Form PTO-2038 is atta authorized to charge the sit Account Number 07- ger claiming SMALL EN	sched. required fee(s), any de- 0832. (unclose a	chiciency, or credit any or extra copy of this for FR 1.27(g)(2).				
4a. The following fcc(s) an  Issue Fcc Publication Fcc (No Advance Order - # o  Change in Entity Staru  a. Applicant claims	e submitted:  small entity discount permi of Copies	tted)  ve) e 37 CFR 1.27.	b. Payment of Fee(s): (Plea. A check is enclosed. Payment by credit care The Director is hereby overpayment, to Deposed. b. Applicant is no longed from anyone other than the	d. Form PTO-2038 is atta authorized to charge the sit Account Number 07- ger claiming SMALL EN	sched. required fee(s), any de- 0832. (unclose a	chiciency, or credit any or extra copy of this for FR 1.27(g)(2).				
4a. The following fcc(s) an  Issue Fcc  Publication Fcc (No  Advance Order - # of  Change in Entity Staru  a. Applicant claims	e submitted:  small entity discount permit of Copies	tted)  ve) e 37 CFR 1.27.	b. Payment of Fee(s): (Plea. A check is enclosed. Payment by credit care The Director is hereby overpayment, to Deposed. b. Applicant is no longed from anyone other than the	d. Form PTO-2038 is atta authorized to charge the sit Account Number <u>07</u> - ger claiming SMALL EN no applicant; a registered	sched. required fee(s), any de- 0832. (unclose a	chiciency, or credit any or extra copy of this for FR 1.27(g)(2).				

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commercs, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.